

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.



Dr. Nichols
 Montgomery County Detention Facility
 P.O. Box 4599
 Montgomery, AL 36103

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

G Brown

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

any address different from item 1? ☐ Yesenter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from serv

7005 1820 0002 3461 4155

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540